

Department of Ear, Nose & Throat (ENT) Surgery

Tongue Tie Leaflet

Information for parents and carers

What is a tongue tie?

As a baby develops in the womb, the tongue separates from the floor of the mouth and remains connected by a piece of skin known as the lingual frenulum. However, in babies described as 'having a tongue-tie', this piece of tissue causes restriction in the movement of the tongue (see picture). The medical name for this is ankyloglossia.

Some tongue ties are thin whilst others may be chunky. A tongue-tie can extend all the way to the tip of the tongue (a 100% tongue tie), half way under the tongue (moderate) or be further back at the base of the tongue. About half of babies with tongue tie have someone else in the family with one.



Some tongue-ties are easily seen and are identified during the baby's initial examination. Others are less obvious and are identified as a consequence of difficulties with feeding.

One particular term you may have heard of in relation to your baby's tongue tie is that of posterior tongue tie. The diagnosis and treatment of the 'condition' is controversial and there is currently no consensus. At the present time, the published evidence with regard to posterior tongue ties is contradictory. It is our opinion based on, our knowledge, experience and current literature, that a diagnosis of 'posterior tongue tie' and subsequent cutting of what is felt to be normal anatomy is not evidence based practice. We accept that time, experience and more research may change opinion and will continue to review the literature and our practice and adapt according to best practice guidance.

What problems can a tongue tie cause?

Tongue ties do not always cause a problem. Every baby is different, some will be affected by their tongue tie, and others will not be. However, there are some common problems that can occur:

Feeding

Feeding can be affected by a tongue tie, especially breast feeding as there are implications for both the baby and the mother.

Breast fed babies with a tongue tie may have difficulty attaching to the breast and /or staying attached. The tongue tie may prevent the baby from opening their mouth fully to massage the breast efficiently. If the baby is unable to get a good seal around the nipple, their gums can cause

nipple damage and pain, and sometimes bleeding and mastitis (inflammation). Any interruption to the breastfeeding routine may affect the mother's milk supply

Some babies, breast or bottle fed, feed for a long time, fall asleep and wake soon after, unsettled and appearing to be hungry most of the time.

Babies may dribble a lot during feeds and be very windy, due to not getting a good enough seal around the nipple or bottle. Parents may change the bottle teat with no improvement. Weight gain may also be affected.

Oral Hygiene

Having a tongue tie can affect the ability to lick the back teeth and lip, to lick the upper lip or to clean food from the roof or back of the mouth. It may prevent children being able to join in with their friends, for example pulling tongues or licking an ice cream. It may also cause problems with chewing or swallowing solid food.

Speech

The effect of a tongue tie on speech later in the baby's life is controversial. While the majority of children with a tongue tie have no difficulties with their speech, it can influence the ability to pronounce certain sounds. However, it is not possible to predict which children will be affected, or to determine whether intervention as a baby will prevent this. When the child reaches three or four years old, they may be assessed by a speech and language therapist.

What will happen at the clinic appointment?

As soon as possible from receipt of the referral, the baby will be seen in clinic for assessment.

- The person with parental responsibility must attend clinic. If the decision is made during the appointment to divide a tongue tie, written consent must be obtained. Failure to obtain consent will mean a delay in treatment and another visit to clinic.
- After the procedure, your baby will need a feed.

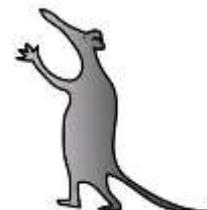
A detailed history is taken during discussion with you and your baby will be examined. If division of a tongue tie is recommended, the procedure will be discussed and written consent will be obtained. The medical term for division of a tongue tie is a frenotomy.

If your baby is older than 6 months, a detailed history will be taken and a discussion will take place with you about the best course of action as after 6 months, a general anaesthetic is required for a frenotomy.

What are the risks?

Division of a tongue tie is a quick, simple and safe procedure; however, all procedures carry some risks, although small. These risks are discussed prior to consent being obtained;

- bleeding
- infection
- damage to tongue and salivary duct
- the need for a further procedure
- feeding difficulties in infants can be related to a number of causes, only one of which is tongue tie, and it is important to be aware that the procedure might not improve your baby's ability to feed.



The procedure

You will be given the option to stay with your baby or leave the room; you will not be expected to hold your baby for the procedure.

The baby will be held gently by an experienced member of the ENT clinic team, to keep their head still. It may be necessary to wrap baby in a blanket. Some babies may not like this.

The tongue-tie is snipped using sterile, sharp, round ended scissors, and pressure is then applied using a piece of sterile gauze under the tongue. Usually there are only a few drops of blood.

The procedure is not painful but most babies will cry for a few seconds.

As soon as the bleeding has stopped, the baby will be given back to you and encouraged to feed as soon as possible. This comforts the baby and helps stem the bleeding. It also encourages baby's tongue to move.

We aim to provide every breast feeding mother with a room for privacy. Should our clinic be exceptionally busy, mothers may have to feed in the waiting room.

After care

Following division of a tongue tie, baby can carry on feeding in their usual routine and should be able to feed better. Breast feeding should be more comfortable for the mother.

It gives the tip of the baby's tongue a normal range of movement.

The day after the procedure, a small white blister may appear under the tongue. This takes 24-48 hours to heal and does not require any treatment.

A more conservative approach?

If the baby is not having any issues with feeding, it may be best to leave the tongue tie alone and adopt a watch and wait approach. Some tongue ties divide, stretch naturally or tear on the lower teeth when baby chews on something.

If parents decide not to have the tongue tie divided, baby is discharged from clinic.

You are being referred to us for a professional opinion. It might be possible that our opinion may differ from that of the referring professional. Please be reassured that our aim is to work with you to achieve the best outcome for your baby

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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